Supplementary Table 2. Final Assessment of Statements by RAND Panel: Appropriateness of management in paediatric acute severe colitis (ASC) in the context of the COVID-19 pandemic. *Denotes questions where all panelists voted the same appropriateness category as the final outcome category (i.e. level of appropriateness was agreed unanimously). ◆Denotes disagreement index >1.

91 Statements	Median	Disagreement Index	Standard Deviation	Category	
Admission All patients admitted with ASUC					
Perform a SARS-CoV-2 swab on admission	9*	0.24	0.55	Appropriate	
Perform a chest X-ray within 24 hours of admission	3.5	0.18	1.85	Uncertain	
Isolate them in a side room throughout their admission regardless of COVID status	8	0.01	1.56	Appropriate	
Expedite pathway timings with early biologic screen on admission.	8	0.24	0.80	Appropriate	
Perform a	a flexible sign		0.80		
Within 24 hours of admission in all patients admitted with ASUC (as per BSG guidance)	3	0.00	0.76	Inappropriate	
In all patients failing IV corticosteroids who have not had a flexible sigmoidoscopy on admission	7*	0.16	0.78	Appropriate	
In all patients failing intravenous corticosteroid therapy who have already had a flexible sigmoidoscopy on admission	3	0.04	1.32	Inappropriate	
In all patients being referred for colectomy who have not had a flexible sigmoidoscopy on admission, to confirm the diagnosis prior to surgery (excluding patients who have toxic megacolon or perforation)	8.5	0.13	1.14	Appropriate	
In all patients being referred for colectomy who have already had a flexible sigmoidoscopy on admission, to assess the degree of ongoing inflammation (excluding patients who have toxic megacolon or perforation)	3	0.24	1.52	Inappropriate	
First line medical therapy					
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Negative swab and no symptoms or signs of COVID-19 infection

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Start budesonide/beclometasone daily as an inpatient 1* 0.00 0.60 Start IV steroids concurrently with infliximab 1 0.13 1.48 Start infliximab without steroids 2 0.29 1.39 Inappropriate Start IV steroids concurrently with		1*	0.00	0.00	
an inpatient 1* 0.00 0.60 Start IV steroids concurrently with infliximab 1 0.13 1.48 Inappropriate Start infliximab without steroids 2 0.29 1.39 Inappropriate Inappropriate		1	0.00	0.00	
Start IV steroids concurrently with infliximab 1 0.13 1.48 Inappropriate Start IV steroids concurrently with 2 0.29 1.39 Inappropriate Start IV steroids concurrently with Inappropriate	Start budesonide/beclometasone daily as				Inappropriate
Start IV steroids concurrently with infliximab 1 0.13 1.48 Inappropriate Start infliximab without steroids 2 0.29 1.39 Inappropriate Start IV steroids concurrently with Inappropriate	an inpatient		0.00	0.50	шарргорпасе
infliximab Start infliximab without steroids Start IV steroids concurrently with 1 0.13 1.48 Inappropriate 2 0.29 1.39 Inappropriate Inappropriate		1*	0.00	0.60	
Start infliximab without steroids 2 0.29 1.39 Inappropriate Start IV steroids concurrently with	•				Inappropriate
Start IV steroids concurrently with			1		
Inappropriate	Start infliximab without steroids	2	0.29	1.39	Inappropriate
ciclosporin 1 0.13 0.96 mappropriate	•				Inappropriate
	ciclosporin	1	0.13	0.96	Парргорпасе

I			1	
Start ciclosporin and discontinue steroids	1*	0.00	0.44	Inappropriate
Start IV steroids concurrently with				Inappropriate
tacrolimus	1*	0.01	0.44	Парргорпасе
Start IV steroids and discontinue				Inappropriate
tacrolimus	1*	0.00	0.38	Inappropriate
Start oral "MADoV" antibiotic combination				
alongside immunosuppressive therapy				Uncertain
(metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	4.5	0.57	1.89	31133133111
Start oral "MADoV" antibiotic combination	4.5	0.57	1.09	
alone (metronidazole, amoxicillin,				Inappropriate
doxycycline, vancomycin or equivalent)	2	0.15	1.76	
Start prophylactic anticoagulation	8	0.31	1.39	Appropriate
Discuss with COVID-19 specialist				Appropriate
•	8.5*	0.29	1.08	
Positive swab with sym		ns of COVID-19	infection	
Follow standard ECCO/ESPGHAN			1	
guidelines and start intravenous				Appropriate
methylprednisolone daily as an inpatient	7	0.16	1.13	, ippropriate
	,	0.10	1.13	
Ctart IV mathularadairalana daily as an				
Start IV methylprednisolone daily as an				Inappropriate
outpatient		0.00		
	1*	0.00	0.00	
Start budesonide/beclometasone daily as				
an inpatient				Inappropriate
	1*	0.00	0.63	
Start IV steroids concurrently with				Inappropriate
infliximab	1.5	0.29	1.38	арр. ор. тасс
Start infliximab without steroids	3	0.52	1.56	Inappropriate
Start IV steroids concurrently with				Inappropriate
ciclosporin	1*	0.13	0.65	Шарргорпасе
Chart side and in and discounting a standida				Incompanieta
Start ciclosporin and discontinue steroids	1*	0.00	0.38	Inappropriate
Start IV steroids concurrently with				
tacrolimus	1*	0.13	0.65	Inappropriate
Start IV steroids and discontinue				
tacrolimus	1*	0.00	0.38	Inappropriate
Start oral "MADoV" antibiotic combination	-	0.00	0.50	
alongside immunosuppressive therapy				Uncertain
(metronidazole, amoxicillin, doxycycline,	_	0.50		Officertain
vancomycin or equivalent)	5	0.56	2.06	
Start oral "MADoV" antibiotic combination alone (metronidazole, amoxicillin,				Inappropriate
doxycycline, vancomycin or equivalent)	2	0.31	1.80	Парргорпасе
Start prophylactic anticoagulation	8*	0.29	0.91	Appropriate
Discuss with COVID-19 specialist	9*	0.00	0.38	Appropriate
		0.00	0.50	, ippropriate

Repeat a SARS-CoV-2 swab in patients with a negative first swab	7.5	0.18	1.86	Appropriate	
Repeat stool test for Clostridium difficile	7.5	0.10	1.00		
in patients with a negative first sample					
who, in the context of COVID-19 have				Appropriate	
been treated with broad spectrum antibiotics	7	0.52	2.43		
	ts with a PUC		2.13		
Negative swab and no sy	mptoms or s	igns of COVID-19	infection		
Follow standard standard guidelines and continue IV steroids for a further 2-5 days.	8*	0.01	0.69	Appropriate	
Expedite second line therapy and treat		0.01	0.03		
all patients as per the guidelines for	4.5			Uncertain	
patients with a PUCAI>65	4.5	0.07	2.45	Officertain	
Positive swab but no sy	mntoms or sig	0.97	2.15		
Follow standard standard guidelines		gii3 01 CO VID-13	Intection		
and continue IV steroids for a further				Appropriate	
2-5 days.	_	0.46		Арргорпасе	
Expedite second line therapy and treat	7	0.16	1.17		
all patients as per the guidelines for				I I management of the	
patients with a PUCAI>65				Uncertain	
Destative work with some	5.5	0.97	2.34		
Follow standard standard guidelines	iptoms or sig	ns of COVID-19 i	ntection		
and continue IV steroids for a further 2-5 days.	7	0.16		Appropriate	
Expedite second line therapy and treat		0.16	1.28		
all patients as per the guidelines for	_				
patients with a PUCAI>65	5			Uncertain	
		0.94	2.38		
Rescue therapy: PUCAL >65 Negative swab and no symptoms or signs of COVID-19 infection					
Continue intravenous steroids alone	1*	0.00	0.60	Inappropriate	
Start infliximab and continue steroids	8.5*	0.13	0.52	Appropriate	
Start infliximab and discontinue steroids	3	0.02	0.87	Inappropriate	
Start ciclosporin and continue steroids	5.5	0.56	2.03	Uncertain	
Start ciclosporin and discontinue steroids	2*	0.15	0.90	Inappropriate	
Start tacrolimus and continue steroids	2	0.29	2.15	Inappropriate	
Start tacrolimus and discontinue steroids	1*	0.13	0.65	Inappropriate	

Start oral "MADoV" antibiotic combination		I				
alongside immunosuppressive therapy				Uncertain		
(metronidazole, amoxicillin, doxycycline,	_	0.45	2.44	Officertain		
vancomycin or equivalent)	5	0.45	2.11			
Start oral "MADoV" antibiotic combination alone (metronidazole, amoxicillin,				Inannranriata		
doxycycline, vancomycin or equivalent)	4 *	0.20	0.05	Inappropriate		
	1*	0.29	0.95	Inannronriato		
Colectomy	1	0.29	1.94	Inappropriate		
Discuss with COVID-19 specialist				Uncertain		
Discuss with COVID-13 specialist	6	0.98	2.60	Officertain		
Positive swab but no syr		0.00				
Continue intravenous steroids alone	1*	0.00	0.60	Inappropriate		
Start infliximab and continue steroids	8*	0.00	0.71	Appropriate		
Start infliximab and discontinue steroids	3	0.00	1.75	Inappropriate		
Start minimab and discontinue steroids	3	0.00	1.73	Парргорпасе		
Start ciclosporin and continue steroids	5	0.97	2.10	Uncertain		
	J	0.57	2.10			
Start ciclosporin and discontinue steroids	2*	0.13	0.65	Inappropriate		
Start tacrolimus and continue steroids	2	0.21	1.66	Inappropriate		
	2	0.31	1.66			
Start tacrolimus and discontinue steroids	1*	0.13	0.66	Inappropriate		
Start oral "MADoV" antibiotic combination						
alongside immunosuppressive therapy (metronidazole, amoxicillin, doxycycline,				Uncertain		
vancomycin or equivalent)	5	0.39	1.80			
Start oral "MADoV" antibiotic combination						
alone (metronidazole, amoxicillin,				Inappropriate		
doxycycline, vancomycin or equivalent)	2*	0.15	0.83			
Colectomy	1.5	0.29	1.38	Inappropriate		
Discuss with COVID-19 specialist				Appropriate		
	9	0.01	0.97			
Positive swab with symptoms or signs of COVID-19 infection						
Continue intravenous steroids alone	1	0.00	1.20	Inappropriate		
Start infliximab and continue steroids	8	0.01	1.03	Appropriate		
Start infliximab and discontinue steroids	3	0.20	1.89	Inappropriate		
Start ciclosporin and continue steroids	4	♦1.04	2.69	Uncertain		
Start ciclosporin and discontinue steroids	1	0.13	1.12	Inappropriate		
Start tacrolimus and continue steroids				Inappropriate		
25 25 25 25 25 25 25	1	0.13	1.18	app.opriace		
Start tacrolimus and discontinue steroids				Inappropriate		
The state of the s	1*	0.13	0.48	app.opriate		

Start oral "MADoV" antibiotic combination					
alongside immunosuppressive therapy				Uncertain	
(metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	5	0.85	1.81	0.1001.00.11	
Start oral "MADoV" antibiotic combination	3	0.03	1.01		
alone (metronidazole, amoxicillin,				Inappropriate	
doxycycline, vancomycin or equivalent)	2	0.29	1.22		
Colectomy	1	0.13	1.19	Inappropriate	
Discuss with COVID-19 specialist				Appropriate	
	9*	0.00	0.38		
	uing medical				
Negative swab and no sy	mptoms or s	igns of COVID-19	infection		
Follow standard ECCO/ESPGHAN guidelines for tapering oral steroids over				Appropriate	
8-10 weeks	8*	0.01	0.60	Appropriate	
Use an accelerated steroid taper over 4-8		0.01	0.00		
weeks	3	0.04	1.72	Inappropriate	
Switch to poorly absorbed bioavailable					
steroids	1*	0.01	0.78	Inappropriate	
Taper steroids and initiate thiopurine				Appropriate	
therapy at or soon after discharge	7.5	0.16	1.05	Арргорпасе	
Taper steroids and initiate anti-TNF					
therapy at or soon after discharge				Uncertain	
	6	0.35	2.32		
Taper steroids and initiate vedolizumab at	2	0.20	2.22	Inappropriate	
or soon after discharge	3	0.29	2.22		
Continue prophylactic anticoagulation for a period after discharge	3	0.26	1.85	Inappropriate	
Positive swab but no syr	<u> </u>				
Follow standard ECCO/ESPGHAN	iiptoilis or sig	5113 01 00 112 13			
guidelines for tapering oral steroids over				Appropriate	
8-10 weeks	8*	0.16	0.63		
Use an accelerated steroid taper over 4-8				Uncertain	
weeks	5.5	0.56	2.06	Oncertain	
Switch to poorly absorbed bioavailable				Inappropriate	
steroids	1*	0.13	0.78		
Taper steroids and initiate thiopurine	_	0.02	4.24	Appropriate	
therapy at or soon after discharge	7	0.02	1.24		
Taper steroids and initiate anti-TNF				Uncertain	
therapy at or soon after discharge	6	0.35	2.03	Officertain	
Taper steroids and initiate vedolizumab at		0.55	2.03		
or soon after discharge	4	0.65	2.03	Uncertain	
Continue prophylactic anticoagulation for	•				
a period after discharge	3.5	0.57	2.25	Uncertain	
Positive swab with symptoms or signs of COVID-19 infection					

Follow standard ECCO/ESPGHAN guidelines for tapering oral steroids over 8-10 weeks	7	0.22	1.45	Appropriate
Use an accelerated steroid taper over 4-8 weeks	6	0.24	2.03	Uncertain
Switch to poorly absorbed bioavailable steroids	1	0.00	0.97	Inappropriate
Taper steroids and initiate thiopurine therapy at or soon after discharge	6	0.24	1.61	Uncertain
Taper steroids and initiate anti-TNF therapy at or soon after discharge	6	0.52	2.10	Uncertain
Taper steroids and initiate vedolizumab at or soon after discharge	3	0.65	2.06	Inappropriate
Continue prophylactic anticoagulation for a period after discharge	5	♦ 1.70	2.58	Uncertain
	Surgery			
In patients with a SARS-CoV-2 positive swab who have failed medical therapy, surgery should be delayed	3	0.69	2.48	Inappropriate
Patients with a negative swab on admission should have a repeat swab	8	0.18	1.73	Appropriate
Patients should have a CT chest prior to surgery regardless of swab status, respiratory symptoms examination findings and observations	7	0.16	1.21	Appropriate